Revised 06/05

CAMPAIGN DISCLOSURE BOARD CAMPAIGN DISCLOSURE BOARD DES MOINES, IA 50319

2007 NOV 21 PM 2: 18

Fax: (515)281-3701 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only		
Indexed		
Audited Faxed 11-21-07		
Checked		
Computer		

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School				
ame of Department or Office	Ce Eldora, IA, 50627			
3211 Edgington Ave.		City, State, Zip Code		
ailing Address 641-858-5402				
rea Code & Telephone No.				
NTACT PERSON FOR RECI	PIENT DEPARTMENT OR OFFICE			
Millie Dagit	E)dors, IA, 50627			
Name 3211 Edgington Ave.		City, State, Zip (if different from above)		
Mailing Address (if different from al	bove)			
mdagit@dhs.state.ia.us		Area Code & Telephone Number (if different from above)		
Email Address				
	OP CRANT			
ONOR OF GIFT, BEQUEST, C	JR GIVANT.			
St. John's United Meth Wom	en			
Name				
Box 376	Radcliffe, Iowa 50230	5.05.00		
	City, State, Zip Code	11/21/2007 \$ 25.00		
Vailing Address		Date of Gift, Bequest, or Grant Amount/Value*		
		II %		
Area Code & Telephone Number		*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".		
		receiving department of office. If he velocity		
Email Address (optional)				
Provide a description of the gift,	bequest, or grant and purpose thereof:			
Donation to student Chr	ilsulias fulid			
D. H. J. A				
Criteria to use this form:		site at the armonived by the Governor on behalf of the state.		
Receipt of any gift, bequest, or g	grant that is received by any department	of the state or received by the Governor on behalf of the state.		
Statement of Affirmation:		. C. dha		
Millie Dagit	irm that the oift, bequest, or grant reporte	ed above is accurate. I further affirm that the information concerning the		
ann	irm that the gift, bequest, or grant reportenance in arket value (if applicable) is correct and	true to the best of my knowledge.		
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IA ETHICSION ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 14

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		Date			
		November 21, 2007			
nor and assessment of the fair r	market value (if applicable) is correct and tr	ue to the best of my knowledge.			
	firm that the giff hequest or grant recorded	above is accurate. I further affirm that the information concerning the			
atement of Affirmation:					
Receipt of any gift, bequest, or	grant that is received by any department of	f the state or received by the Governor on behalf of the state.			
Criteria to use this form:	المراجعة ال المراجعة المراجعة ال	the state or received by the Governor on hehalf of the state			
Donation to student Ct	mounds fund				
Donation to student Ch					
Provide a description of the dift	, bequest, or grant and purpose thereof:				
Email Address (optional)					
		receiving department or office. If no value mark "0.00".			
rea Code & Telephone Numbe	ſ	value is defined as "fair market value" of item as determined by			
Mailing Address	Oity, Oillio, Lip oodo	Date of Gift, Bequest, or Grant AmountValue*			
30x 376	Radcliffe, lowa 50230 City, State, Zip Code	11/21/2007 \$ 25.00			
ame	D. 1-1100- 1 50070				
St. John's United Meth Wo	men				
NOR OF GIFT, BEQUEST,	OR GRANT:	-			
mail Address					
mdagit@dhs.state.iz.us		Area Code & Telephone Number (if different from above)			
3211 Edgington Ave. Iailing Address (if different from	above)	City, State, Zip (if different from above)			
ame		Eldora, IA, 50627			
Millie Dagit					
NTACT PERSON FOR RE	CIPIENT DEPARTMENT OR OFFICE				
641-858-5402 rea Code & Telephone No.					
ailing Address	ling Address City, State, Zip Code				
ame of Department or Office	Eldor	a, IA, 50627			
me of Department or Office		24. 20/02			